

**Fill in this information to identify your case:**

Debtor 1 LEONARD NYAMUSEVYA  
First Name Middle Name Last Name

Debtor 2 NONE N/A  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Ohio

Case number 2:19-bk-52868  
(If known)

**FILED**  
 2020 JAN 16 PM 3:18  
 RICHARD JONES  
 CLERK OF COURT  
 U.S. BANKRUPTCY COURT  
 COLUMBUS, OHIO

☒ Check if this is an amended filing

*JANUARY 16, 2020*

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
\$ 0.00	\$ 195,000.00	\$ 0.00

**2.1 Capitol Mortgage Services, Inc.**

Creditor's Name  
 Number Street  
445 North High Street, 5th Floor  
Columbus OH 43215  
 City State ZIP Code

Describe the property that secures the claim:

Real estate at 2064 Worchester court, Columbus. Ohio 43232.

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

Who owes the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

**2.2 Dept of Treasury-IRS**

Creditor's Name  
Internal Revenue Service  
 Number Street  
P.O. BOX: 7346  
Philadelphia PA 19101  
 City State ZIP Code

Describe the property that secures the claim:

Real estate at 2064 Worchester court, Columbus. Ohio 43232.

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

Who owes the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☒ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Date debt was incurred

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 0.00

Debtor 1 **LEONARD** **NYAMUSEVYA** Case number (if known) **2:19-bk-52868**  
 First Name Middle Name Last Name

	<b>Part 1: Additional Page</b> After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	<b>Column A</b> Amount of claim Do not deduct the value of collateral.	<b>Column B</b> Value of collateral that supports this claim	<b>Column C</b> Unsecured portion If any
<input type="checkbox"/> <b>NONE</b> <b>N/A</b>	Describe the property that secures the claim: \$ _____ \$ _____ \$ _____ Creditor's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____  <b>Who owes the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt  Date debt was incurred _____ Last 4 digits of account number ____ _ ____ _	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>NONE</b>      <b>N/A</b> </div>		
	<b>As of the date you file, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Nature of lien. Check all that apply.</b> <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
<input type="checkbox"/> <b>NONE</b> <b>N/A</b>	Describe the property that secures the claim: \$ _____ \$ _____ \$ _____ Creditor's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____  <b>Who owes the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt  Date debt was incurred _____ Last 4 digits of account number ____ _ ____ _	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>NONE</b>      <b>N/A</b> </div>		
	<b>As of the date you file, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Nature of lien. Check all that apply.</b> <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
<input type="checkbox"/> <b>NONE</b> <b>N/A</b>	Describe the property that secures the claim: \$ _____ \$ _____ \$ _____ Creditor's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____  <b>Who owes the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt  Date debt was incurred _____ Last 4 digits of account number ____ _ ____ _	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>NONE</b>      <b>N/A</b> </div>		
	<b>As of the date you file, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Nature of lien. Check all that apply.</b> <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____			
	Add the dollar value of your entries in Column A on this page. Write that number here: \$ _____ 0.00 If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$ _____ 0.00			

Debtor 1

LEONARD

NYAMUSEVYA

Case number (if known) 2:19-bk-52868

First Name Middle Name Last Name

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ ABN AMRO MORTGAGE GROUP, INC.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

2600 WEST BIG BEAVER ROAD

TROY MI 48084

City State ZIP Code

On which line in Part 1 did you enter the creditor? 1

Last 4 digits of account number \_\_\_\_\_

☐ CITIMORTGAGE, INC.

Name \_\_\_\_\_

Number Street \_\_\_\_\_

P.O. BOX: 6030

SIOUX FALLS SD 57117

City State ZIP Code

On which line in Part 1 did you enter the creditor? 1

Last 4 digits of account number \_\_\_\_\_

☐ NONE N/A

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐ NONE N/A

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐ NONE N/A

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐ NONE N/A

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Form 668 (Z)  
(Rev. 10-2000)

1872

Department of the Treasury - Internal Revenue Service  
**Certificate of Release of Federal Tax Lien**

Area: **WAGE & INVESTMENT AREA #1**

Lien Unit Phone: **(800) 913-6050**

I certify that the following-named taxpayer, under the requirements of section 6325 of the Internal Revenue Code has satisfied the taxes listed below and all statutory additions. Therefore, the lien provided by Code section 6321 for these taxes and additions has been released. The proper officer in the office where the notice of internal revenue tax lien was filed on **June 28, 2013**, is authorized to note the books to show the release of this lien for these taxes and additions.

Name of Taxpayer **L NYAMUSEVYA SR**

Residence **2064 WORCESTER CT  
COLUMBUS, OH 43232-3054**

**COURT RECORDING INFORMATION:**

Kind of Tax (a)	Tax Period Ended (b)	Identifying Number (c)	Date of Assessment (d)	Last Day for Refiling (e)	Unpaid Balance of Assessment (f)
1040	12/31/2008	XXX-XX-0901	07/26/2012	08/25/2022	2828.91
1040	12/31/2009	XXX-XX-0901	03/19/2012	04/18/2022	6384.28
1040	12/31/2010	XXX-XX-0901	03/19/2012	04/18/2022	4758.73
*****					
<p>THE DEBTOR DID NOT OWE THESE TAXES.</p> <p>THE DEBTOR DID NOT OWE \$2,828.91 FOR 12/31/2008 TAX</p> <p>DID NOT OWE \$6,384.28 FOR 12/31/2009 TAX</p> <p>DID NOT OWE \$4,758.73 FOR 12/31/2010 TAX</p>					

Place of Filing

COUNTY RECORDER  
FRANKLIN COUNTY  
COLUMBUS, OH 43215

Total **13971.92**

This notice was prepared and signed at **DETROIT, MI**, on this,

the **11th** day of **December**, **2019**.

Signature *Joan Hirsch* Title **Operations Manager,  
Centralized Lien Operation**

(NOTE: Certificate of officer authorized by law to take acknowledgements is not essential to the validity of Certificate of Release of Federal Tax Lien

Rev. Rul. 71-466, 1971 - 2 C.B. 409

Part 2 - Taxpayer's Copy

Form 668 (Z) (Rev. 10-2000)  
CAT. NO 600261



Department of the Treasury  
Internal Revenue Service  
Kansas City, MO 64999-0025

Notice	CP49
Tax Year	2016
Notice date	June 25, 2018
To contact us	1-800-829-0922
Your Caller ID	311301
Page 1 of 3	9H

340794.863476.111588.24576 1 AB 0.408 624



LEONARD NYAMUSEVYA  
2064 WORCESTER CT  
COLUMBUS OH 43232-3054

340794

We applied your 2016 Form 1040 overpayment to an unpaid balance

**Amount due: \$1,186.01**

We applied \$3,732.00 of your 2016 Form 1040 overpayment to an amount owed for 2009.

As a result, the amount you owe for 2009 is \$1,186.01.

If you already have an installment or payment agreement in place for this tax year, then continue with that agreement.

#### Billing Summary

Overpayment for 2016	-\$3,732.00
Amount applied to tax owed for 2009	3,732.00
Remaining balance for 2009	1,186.01
<b>Amount due</b>	<b>\$1,186.01</b>

*THIS AMOUNT IS NOT \$6,384.28*

#### What you need to do

You don't need to do anything.

Continued on back...



LEONARD NYAMUSEVYA  
2064 WORCESTER CT  
COLUMBUS OH 43232-3054

Notice	CP49
Notice date	June 25, 2018
Social Security number	268-02-0901



#### Payment

- Make your check or money order payable to the United States Treasury.
- Write your Social Security number (268-02-0901), the tax year (2009), and the form number (1040) on your payment and any correspondence.

Amount due

**\$1,186.01**

INTERNAL REVENUE SERVICE  
KANSAS CITY, MO 64999-0025



# Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 410

Attachment

**In the Matter of:** LEONARD NYAMUSEVYA SR.  
AKA ACADEMIC I AM  
PO BOX 314  
REYNOLDSBURG, OH 43068

Case Number  
2:19-BK-52868

Type of Bankruptcy Case  
CHAPTER 13

Date of Petition  
05/01/2019

Amendment No. 1 to Proof of Claim dated 05/17/2019.

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

## Secured Claims (Notices of Federal tax lien filed under internal revenue laws before petition date)

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Penalty to Petition Date	Interest to Petition Date	Notice of Tax Lien Filed: Date	Office Location
XXX-XX-0901	INCOME	12/31/2008	07/26/2012	\$2,092.00	\$1,144.42	\$931.93	06/28/2013	FRANKLIN COUNTY
XXX-XX-0901	INCOME	12/31/2009	03/19/2012	\$0.00	\$86.18	\$1,142.63	06/28/2013	FRANKLIN COUNTY
XXX-XX-0901	INCOME	12/31/2010	03/19/2012	\$3,839.00	\$2,017.40	\$1,296.14	06/28/2013	FRANKLIN COUNTY
				\$5,931.00	\$3,248.00	\$3,370.70		

**Total Amount of Secured Claims:**

**\$12,549.70**

## Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XXX-XX-0901	INCOME	12/31/2015	ESTIMATED LIABILITY *	\$0.00	\$0.00
XXX-XX-0901	INCOME	12/31/2017	ESTIMATED LIABILITY *	\$0.00	\$0.00
XXX-XX-0901	INCOME	12/31/2018	ESTIMATED LIABILITY *	\$0.00	\$0.00
				\$0.00	\$0.00

**Total Amount of Unsecured Priority Claims:**

**\$0.00**

## Unsecured General Claims

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XXX-XX-0901	INCOME	12/31/2013	09/28/2015	\$560.00	\$121.47

Penalty to date of petition on unsecured general claims (including interest thereon) . . . . . \$143.36

**Total Amount of Unsecured General Claims:**

**\$824.83**

1872

COURT RECORDING DATA

INTERNAL REVENUE SERVICE FACSIMILE FEDERAL TAX LIEN DOCUMENT  BANKRUPTCY DOCKET: 2:19-BK-52868	Lien Recorded : 06/28/2013 - 00:00AM Recording Number: 201306280109042 UCC Number : Liber : Page :
Area: SMALL BUSINESS/SELF EMPLOYED #2 Lien Unit Phone: (800) 829-3903	IRS Serial Number: 944047713

This Lien Has Been Filed in Accordance with  
Internal Revenue Regulation 301.6323(f)-1.

Name of Taxpayer:  
L NYAMUSEVYA SR

Residence:  
2064 WORCESTER CT  
COLUMBUS, OH 43232-3054

With respect to each assessment below, unless notice of lien  
is refiled by the date in column(e), this notice shall constitute  
the certificate of release of lien as defined in IRC 6325(a).

Form (a)	Period (b)	ID Number (c)	Assessed (d)	Refile Deadline (e)	Unpaid Balance (f)
1040	12/31/2008	XXX-XX-0901	07/26/2012	08/25/2022	\$2,828.91
1040	12/31/2009	XXX-XX-0901	03/19/2012	04/18/2022	\$6,384.28
1040	12/31/2010	XXX-XX-0901	03/19/2012	04/18/2022	\$4,758.73

Filed at: COUNTY RECORDER FRANKLIN COUNTY COLUMBUS, OH 43215	Total	\$13,971.92
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This notice was prepared and executed at DETROIT, MI  
on this, the 11th day of June, 2013.

Authorizing Official: G.J. CARTER-LOUIS	Title: ACS SBSE 22-00-0008
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